Form AA302 Rev. 1/00

NEW JERSEY FACILITY

STATE OF NEW JERSEY

Division of Contract Compliance & Equal Employment Opportunity

EMPLOYEE INFORMATION REPORT

IMPORTANT- READ INSTRUCTIONS ON BACK OF FORM CAREFULLY BEFORE COMPLETING FORM. TYPE OR PRINT IN SHARP BALLPOINT PEN. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM MAY DELAY ISSUANCE OF YOUR CERTIFICATE. DO NOT SUBMIT EEO-1 REPORT FOR SECTION B, ITEM 11.

			SEC	TION	A – COMP	ANY II	ENTIF	ICATIO	N					
1. FID. NO. OR SOCIAL SECURITY			TYPE OF B 1. MFG 4. R	☐ 2.	~	ERVICE 3. WHOLESALE 5. OTHER			3. TOTAL NO. EMPLOYEES IN THE ENTIRE COMPANY					
4. COMPANY NAME	E													
5. STREET			CIT	Y		COU	JNTY	STA	ATE	ZIP C	ODE			
6. NAME OF PARENT OR AFFILIATED COMPANY (IF NON					E, SO INDICATE) CITY				STATE			ZIP CODE		
7. CHECK ONE: IS T 8. IF MULTI-ESTAB					LISHMENT EMPLOYER IMBER OF ESTABLISHMENTS IN NJ				LTI-ESTAI	BLISHMEN'	Γ EMPLOY!	ER	_	
9. TOTAL NUMBER	OF EMPLOY	YEES AT E	STABLISHN	IENT WE	HICH HAS BE	EN AWA	RDED TH	E CONTRA	ACT					
10. PUBLIC AGENCY AWARDING CONTRACT					CITY			OUNTY STATE			ZIP CODE			
Official Use Only			DATE RECEIVED		INAUG.DATE			ASSIGNED CERTIFICATION NUMBER						
				SECT	ION B – EM	IPLOYN	MENT DA	ATA						
11. Report all perma no employees in a part AN EEO-1 REPORT.														
		PLOYEES							Y/NON-MINORITY EMPLOYEE BREAKDOWN					
JOB CATEGORIES	COL. 1 TOTAL (Cols.2 &3)	COL. 2 MALE	COL. 3 FEMALE	BLACK	******** M HISPANIC	ALE**** AMER. INDIAN		NON MIN.	BLACK	**** FEMA HISPANIC	AMER.	ASIAN	NON	
Officials/ Managers														
Professionals														
Technicians														
Sales Workers														
Office & Clerical														
Craftworkers (Skilled)														
Operatives (Semi-skilled)														
Laborers (Unskilled)														
Service Workers														
TOTAL														
Total employment From previous Report (if any)														
Temporary & Part- Time Employees	The data below shall NOT be included in the figures for the appropriate categories above										Э.			
12. HOW WAS INFO		OUP IN SECTION B OBTAINED? 1- ner (Specify)				4. IS THIS THE FIRST Employee Information Report Submitted?			15. IF NO, DATE LAST REPORT SUBMITTED					
13. DATES OF PAYROLL PERIOD USED From: To:									1. YES			MO. DAY YEAR		
			SE	CTION C	C – SIGNATU	RE AND	IDENTIF	ICATION						
16. NAME OF PERSON COMPLETING FORM (Print or Type)				(ype)	SIGNATURE				TITLE			DAY	YEAR	
17. ADDRESS NO. & STREET CITY					COUNTY STATE				ZIP CODE PHONE (AREA CODE, NO.,EXTENSION)					